

ı	Date Received:
(	Check Amount:
(	Check Number:

## 2019 Membership Application

Business/Farm Name:					
Contact Person:					
Business County:					
Business Address:	City	State	Zip		
Mailing Address:	City	State	Zip		
Email:	Phone Number(s):				
Website:	Facebook:				

# **Membership Options (Check One)**

### Active

Agritourism farms / working farm / direct marketer's farm operation

\$45.00 \_\_\_\_\_

#### **Associate**

Off-farm venues / nonprofits /non-farmers supporting SCAA Mission goals

\$35.00 \_\_\_\_\_

#### **Corporate**

Business/agency/forprofit entity supporting SCAA Mission goals

\$75.00 \_\_\_\_\_

\*Please make check payable to the <u>South Carolina Agritourism Association</u>.

Mail check and membership form to:

Jackie Moore, SCDA

P.O. Box 11280

Columbia, SC 29211

<sup>\* 2019</sup> membership will be valid from date of receipt until December 31, 2019